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CONFIRMATION NO. 7536

SERIAL NUMBER 10/813,806	FILING OR 371(c) DATE 03/31/2004 RULE	CLASS 604	GROUP ART UNIT 3763	ATTORNEY DOCKET NO. 8627/487 (PA- 5391RFB)	
APPLICANTS Constantin Cope, Bend, OR; Mark A. Magnuson, Bloomington, IN; ** CONTINUING DATA ***** This appln claims benefit of 60/460,440 04/04/2003 <i>lsb</i> ** FOREIGN APPLICATIONS ***** <i>none lsb</i> IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 06/10/2004					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged		STATE OR COUNTRY OR	SHEETS DRAWING 5	TOTAL CLAIMS 28	INDEPENDENT CLAIMS 3
ADDRESS 27879					
TITLE Bloodless percutaneous insertion system					
FILING FEE RECEIVED 1044	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		